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Bib Data Sheet

CONFIRMATION NO. 5172

SERIAL NUMBER 10/004,587	FILING DATE 12/04/2001 RULE	CLASS 702	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. 0788.00063
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/13/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 6	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 9
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Verified and Acknowledged *Law A. Clew LAC*
 Examiner's Signature Initials

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TITLE

Neopeptide detection of disease using protein arrays

FILING FEE RECEIVED 687	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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